## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

10/522552

|                          | , NATIONAL S                                                |                                                  | (Column 1)                                                      | (Column 2)                                        | SMALL ENT                                              | rity .                 | OR          | OTHER<br>SMALL I                                              |               |
|--------------------------|-------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|------------------------|-------------|---------------------------------------------------------------|---------------|
|                          |                                                             | STAGE FEES                                       | (Column 1)                                                      | (Column 2)                                        |                                                        |                        |             |                                                               |               |
|                          |                                                             | STAGE FEES                                       |                                                                 |                                                   | 7                                                      | T                      | 1           |                                                               |               |
| BAS                      | IC FEE                                                      |                                                  | 1                                                               |                                                   | RATE                                                   | FEE                    |             | RATE                                                          | FEE           |
| BASIC FEE                |                                                             |                                                  | SMALL ENT. = \$ 150                                             | LARGE ENT = \$ 300                                | BASIC FEE                                              |                        | OR          | BASIC FEE                                                     | 300           |
| EXAMINATION FEE          |                                                             |                                                  | Satisfies PCT Article 33(<br>(4) = \$50/\$100                   | 1). All other situations = \$ 100 / \$ 200        | EXAM FEE                                               |                        |             | EXAM FEE                                                      | 200           |
| SEARCH FEE               |                                                             |                                                  | U S is ISA = \$50/\$10<br>ALL other countries =<br>\$ 200/\$400 | All other situations = \$ 250 / \$ 500            | SEARCH FEE                                             |                        |             | SEARCH FEE                                                    | 400           |
| FEE FOR EXTRA SPEC. PGS. |                                                             |                                                  | minus 100                                                       | = /50 =                                           | X \$ 125 =                                             |                        |             | X \$ 250 =                                                    | ļ             |
| TOTAL CHARGEABLE CLAIMS  |                                                             |                                                  | 15 minus 20                                                     | =                                                 | X \$ 25 =                                              |                        | OR          | X \$ 50 =                                                     |               |
| INDEPENDENT CLAIMS       |                                                             |                                                  | 5 minus 3                                                       | = . 2                                             | X \$ 100 =                                             |                        | OR          | X \$ 200 =                                                    | 400           |
|                          |                                                             | DENT CLAIM PRE                                   | SENT                                                            |                                                   | + \$ 180 =                                             |                        | OR          | + \$ 360 =                                                    |               |
|                          |                                                             | in column 1 is l                                 | TOTAL                                                           |                                                   | OR                                                     | TOTAL                  | /300        |                                                               |               |
| AMENDMENT A C            | Total Independent FIRST PRES                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT - 20 | HI<br>NI<br>PRE                                                 | lumn 2) (Column 3) GREST JAMBER VIOUSLY ID FOR    | X \$ 25 = /<br>X \$ 100 =<br>+ \$ 160 =<br>TOTALADOIT. | ADDI-<br>TIONAL<br>FEE | OR OR OR OR | OTHER SMALL I  RATE  X \$ 50 =  X \$ 200 =  10TAL ADOLT.  FEE |               |
|                          | •                                                           | •                                                |                                                                 |                                                   | <b>∮E</b> E                                            |                        | '           |                                                               |               |
| ٠                        |                                                             | (Column 1)                                       |                                                                 | tumn 2) (Column 3)                                | , <sub> </sub>                                         | ADDI-                  | ·           | ſ <u></u>                                                     | ADDI-         |
| AMENDMENT B              |                                                             | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT        | NI<br>PRE                                                       | SHEST<br>IMBER PRESENT<br>VIOUSLY EXTRA<br>ID FOR | RATE                                                   | TIONAL<br>FEE          |             | RATE                                                          | TIONAL<br>FEE |
|                          | Total                                                       | *                                                | Minus                                                           | =                                                 | X \$ 25 =                                              |                        | OR          | X \$ 50 =                                                     |               |
|                          | Independent                                                 | •                                                | Minus                                                           | =                                                 | X \$ 100 =                                             |                        | OR          | X\$200 =                                                      |               |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 = : |                                                  |                                                                 |                                                   |                                                        |                        | OR          | + \$ 360 =                                                    | <del> </del>  |
|                          |                                                             |                                                  |                                                                 |                                                   | TOTAL ADOIT.                                           |                        | OR          | FEE                                                           | L             |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>##</sup> If the "Highest Number Previously Pald For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" (Total or Independent) is the Nighest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the Nighest number found in the appropriate box in column 1.